



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: May 20, 2008

PSC#820

TITLE III E RESPITE CARE SERVICES

FOR

DIVISION OF SERVICES FOR AGING ADULTS WITH PHYSICAL
DISABILITIES

Date Due: June 23, 2008
11:00 AM

ADDENDUM # 1

PLEASE NOTE:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE
ABOVE MENTIONED BID.

SANDRA S. SKELLEY, CPPO
PROCUREMENT ADMINISTRATOR
(302) 255-9291

Gwen Miller-Reilly 255-9966

1.	Question:	CAN WE RECEIVE A COPY OF THE ASSESSMENT TOOL NOW, BEFORE THE PROPOSALS ARE SUBMITTED?
	Answer:	C.A.R.E. Delaware has two required forms that are referred to as a “Caregiver Assessment Form” and a “Care Recipient Assessment Form” these forms are used to gather statistical information on our client/caregiver population. An example of information requested on the form is the client and caregivers rural/urban status, ethnicity, level of care required by stating need for assistance with Activities of Daily Living (ADL) and hours of caregiving involved. All of the questions contained on these forms are as required by the Administration on Aging in order to report on populations being served by Title III E funding. A copy of these forms will be emailed to all contractors who were present at the mandatory pre-bid meeting. Anyone else who is interested in viewing the forms can email a request to gwen.miller-reilly@state.de.us and the forms will be sent via email attachment.
2.	Question:	ACCORDING TO THE SPECIFICATIONS, REQUESTS FOR SERVICE ARE TO BE “PROCESSED” WITHIN 5 DAYS. CAN YOU PLEASE CLARIFY “PROCESSED”? (I ASK BECAUSE IN ADULT DAY CARE, IT COULD TAKE MANY MORE DAYS TO GET AN INDIVIDUAL INTO THE PROGRAM. DOES THEN “PROCESSED” MEAN TO MAKE AN INITIAL CONTACT WITH REFERRING CAREGIVER?)
	Answer:	ADC’s are required to make initial contact with the referring caregiver within 5 days.
3.	Question:	SERVICE SPECIFICATION STATES, “IN-HOME ASSESSMENTS DONE WITHIN 5 WORKING DAYS OF RECEIPT OF APPLICATION”. <ul style="list-style-type: none"> • IF REQUESTING ADULT DAY CARE SERVICES, MUST THE ASSESSMENT BE COMPLETED IN-HOME? MOST ADC PROGRAMS WANT THE INDIVIDUAL TO VISIT THEIR CENTER, AS OUR ASSESSMENT INCLUDES MEDICAL, SOCIAL, NUTRITIONAL, AMBULATORY, ETC COMPONENTS, OFTEN ASSESSED BY MULTI-DISCIPLINARY STAFF. • 5 DAYS IS MORE RESTRICTIVE THAN ADC REGS. ARE YOU REQUIRING THE 5 DAYS OR ALLOWING ADC PROGRAM TO COMPLY WITH LICENSING REGS?
	Answer:	ADC assessments should be completed at the ADC facility, not in the client’s home. The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) expects that all ADC’s will follow licensing regulations, which take the place of our Service Specifications if/when there is a conflict.
4.	Question:	SERVICE SPECIFICATION STATE THAT THE CARE PLAN MUST BE DEVELOPED WITHIN 5 WORKING DAYS; HOWEVER ADC REGS GIVE THE PROVIDER 30 DAYS. AGAIN, ARE YOU REQUIRING THE 5 DAYS FOR ADC PROGRAMS
	Answer:	ADC’s will adhere first to the ADC regulations.
5.	Question:	SERVICE SPECIFICATIONS STATE THAT ASSESSMENTS/REASSESSMENTS ARE TO BE DONE BY RN OR LPN WITH CO-SIGNATURE BY RN. ADC LICENSING DOES NOT HOLD THAT REQUIREMENT. ARE YOU REQUIRING AN RN/LPN WITH CO-SIGNATURE OF RN? (SOME LICENSED ADC ONLY HAVE LPN).
	Answer:	ADC’s will adhere first to the ADC regulations.
6.	Question:	WILL TECH SUPPORT FOR THE FORMS BE PROVIDED OUTSIDE OF THE QUESTION

		ACCEPTANCE PERIOD SINCE THE FORMS ARE NEW FOR THIS YEAR?
	Answer:	Yes.
7.	Question:	MAY THE NURSE CONDUCT CLIENT REASSESSMENTS BY TELEPHONE INSTEAD OF GOING TO THE CLIENT'S HOME EVERY 6 MONTHS?
	Answer:	No. Six month reassessments <u>must</u> be face-to-face. The RN should assess the client in the client's home in the presence of the caregiver whenever feasible.
8.	Question:	IS THE NOTIFICATION TO BIDDERS FORM AVAILABLE IN AN EXCEL FORMAT OR ARE WE TO CREATE OUR OWN? ALSO, WHERE DO WE LIST THE TYPE OF CONTRACT ON THE NOTIFICATION TO BIDDERS FORM? (E.G. TIII RESPITE, HOUSEKEEPING, PERSONAL CARE, ETC.)
	Answer:	The "Notification to Bidders" form is not available in Excel format. Vendors were told by the Procurement Administrator that Attachment C "forms" are to be filled out manually (refer to page 62 of RFP PSCO 820 for this list of forms). You can list the type of contract (e.g. Title IIIB Respite, Title IIIE Respite, Housekeeping, etc.) in the box that says "State Department and Division" since there should be sufficient room for the additional information, however, that information is not required.
9.	Question:	DO WE HAVE TO BID ON EACH TYPE OF SERVICE INCLUDED IN T3E RESPITE CARE SERVICES RFP (ADC, AL, NH, IN HOME, IN HOME 24 HR EMERGENCY CARE, AND IN HOME NIGHT/WEEKEND) OR MAY WE EXCLUDE SOME SERVICES WHILE BIDDING ON OTHERS?
	Answer:	Contractors should only bid on those services they can effectively provide. There are <u>five separate services</u> out for bid with this Request for Proposal and they are: In-Home Respite ; In-Home Respite weekend and evening hours ; In-Home Respite Urgent Need 24 hour care ; Institutional Respite (in a licensed Nursing Home or Assisted Living facility); and lastly, Adult Day Services . You may choose to bid on only one service or all five, it is entirely up to your agency and what services you are capable of providing. Please refer to page 32 of the RFP for explanations of each service as shown on our Title III E Service Specifications.
10.	Question:	FOR EXISTING CONTRACTORS, WILL THERE BE ANY CHANGE IN AVAILABLE CONTRACT FUNDS OR WILL FUNDING REMAIN LEVEL FOR THE FY09 CONTRACT YEAR IF THE CONTRACTOR'S BID IS ACCEPTED?
	Answer:	The FY2009 funding amount of each contract will be negotiated after the contractor's bid is accepted. If the contractor can demonstrate that they can expend more money than they are receiving in their FY2008 contract then they can certainly negotiate for a higher funding amount.
11.	Question:	MAY ADDITIONAL INFORMATION BE INCLUDED IN THE RFP THAT HAS NOT BEEN REQUESTED?
	Answer:	Only the information requested in the RFP will be used for consideration of contract awards. It is always best to supply us with as much pertinent information as possible but if you are unsure whether or not a specific piece of information should be included or excluded that would be considered a technical question and you can email the question to gwen.miller-reilly@state.de.us
12.	Question:	ARE THERE ANY PAGE LIMITS ON THE NARRATIVE OR OTHER FORMS? ARE YOU LOOKING FOR A SINGLE PAGE OR DETAILED, MULTIPAGE NARRATIVES?

	Answer:	There are no page limits. The proposal evaluation is not based on the number of pages submitted however; a thorough and detailed proposal is expected.
13.	Question:	WHAT IS THE VALUE OF "PRICE" IN COMPUTING THE OVERALL SCORE OF EACH PROPOSAL? OR: WHAT VALUE IS GIVEN TO THE "PRICE" WHEN BALANCING IT AGAINST THE SCORE OF THE TECHNICAL PROPOSAL? I.E. FOR \$100/HR BID PRICE WE CAN PRODUCE ONE LEVEL OF TECHNICAL PROPOSAL WHICH WOULD BE DIFFERENT FROM A \$20 PER HOUR BID PRICE. SUGGEST YOU MAY WANT TO CONSIDER SEPARATING THE TECHNICAL PROPOSAL SUBMISSION FROM THE PRICE PROPOSAL AND EVALUATING THE TECHNICAL PROPOSAL INDEPENDENTLY.
	Answer:	Contractor selection is not based entirely on the unit cost. Price has no "value" in computing the overall score of the proposal as long as the vendor has clearly demonstrated the validity of the pricing. This is not a commodity RFP where the lowest bidder wins. We are looking for those agencies that can provide quality respite care to a diverse population at a reasonable price. Page 15 of the RFP states that "The contract shall be awarded to the bidder whose proposal is deemed to be most advantageous to the State..." this may not mean the lowest bidder, but the agency that can provide the most cost effective, quality care to our clients.
14.	Question:	ARE ANY OF THE FORMS (OTHER THAN THE BUDGET FORMS) CONTAINED IN THE PDF FORMAT OF THE RFP AVAILABLE IN WORD OR EXCEL FORMAT? (NOTIFICATION TO BIDDERS, CERTIFICATION SHEET, BIDDER'S SIGNATURE FORM, COMPLIANCE FORM) IF SO, WILL THEY BE E-MAILED TO THE BIDDERS?
		No. Vendors were told by the Procurement Administrator at the mandatory pre-bid meeting that Attachment C "forms" are to be filled out manually (refer to page 62 of RFP PSCO 820 for this list of forms). Therefore, these forms will not be included on the electronic version of the proposal that is submitted by each contractor.
15.	Question:	IS IT DSAAPD'S INTENT TO AWARD A UNIT COST OR COST + FEE CONTRACT? IF THIS IS A UNIT COST CONTRACT WHAT IS THE PURPOSE OF REQUIRING LINE ITEM DETAILS? IF AWARDS WOULD BE BASED ON COST PER HOUR FOR COMPLIANCE WITH THE SPECIFICATIONS, ELIMINATING THE LINE ITEM BUDGET DETAIL WOULD SIMPLIFY THE PROCESS.
		The contracts will be unit cost. The line item detail allows us to determine if the costs built in to the unit cost are justifiable.
16.	Question:	ON PAGE 21 OF THE RFP IT STATES THAT BOTH PARTIES MAY TERMINATE WITHOUT CAUSE UPON 30 DAYS WRITTEN NOTICE UNLESS A LONGER PERIOD IS SPECIFIED IN APPENDIX A. APPENDIX A STATES THAT THE CONTRACTOR HAS TO PROVIDE 90 DAYS WRITTEN NOTICE TO THE DIVISION TO TERMINATE WITHOUT CAUSE. SHOULDN'T THE CONTRACTOR AND THE DIVISION HAVE THE SAME REQUIREMENTS FOR NOTICE AND IF NOT, WHY?
	Answer:	No. The reason is, for example, if a contractor is providing respite services to 75 frail elderly clients throughout the state and they decide to terminate their contract it would take the Division considerably longer than 30 days to contract with other vendors to cover those respite clients. The 90 day notice is to make sure that the clients do not suffer any disruption of services.

17.	Question:	ARE CLIENTS TO BE ASSIGNED TO CONTRACTORS BY DSAAPD CASEWORKERS FOR THE FISCAL YEAR 2009 CONTRACT PERIOD OR WILL CONTRACTORS CONTINUE TO IDENTIFY THEIR OWN CLIENTS?
	Answer:	Contractors will continue to identify their own clients. Those agencies who are awarded the Title III E Respite contracts will be updated by DSAAPD on changes that will be made regarding Senior Social Worker/Case Manager referrals for FY2009.
18.	Question:	BIDDERS ARE REQUIRED TO PROVIDE A MINIMUM 10% MATCH; WILL PREFERENCE BE GIVEN TO BIDDERS WHO PROPOSE A LARGER MATCH SHARE?
	Answer:	No preference would be given to bidders who propose a larger match share. A larger match is certainly allowed and encouraged if the agency has the ability to collect or fund-raise additional monies which could translate into more respite hours to serve more clients.
19.	Question:	DOES THE PATIENT NEED TO BE ASSESSED BY AN RN (OR CAN IT BE AN LPN) PRIOR TO SERVICING THE CLIENT?
	Answer:	Assessments and reassessments must be done by a Registered Nurse (RN); or, by a Licensed Practical Nurse (LPN), with the RN supervisor co-signing the assessments and reassessments (Refer to page 34 of the RFP, Service Specification 6.1.13)
20.	Question:	IS THE PROVIDER AGENCY REQUIRED BY CONTRACT SPECIFICATION, TO PROVIDE WORKMAN'S COMPENSATION AND GENERAL LIABILITY INSURANCE, AND HOW MUCH COVERAGE IS NECESSARY?
	Answer:	Yes. For the amount of coverage required please refer to the Standard Department Contract, pages 19 and 20 of the RFP for insurance requirements.
21.	Question:	WHAT CREDENTIALS MUST THE INDEPENDENT CONTRACTOR PROVIDE THE AGENCY WITH, IN ORDER TO PROVIDE SERVICES, ESPECIALLY IF THEY ARE NOT "EMPLOYEE'S" OF THE AGENCY?
	Answer:	The Contractor shall not enter into any subcontract for any portion of the services covered by this contract. Refer to page 22 of the RFP, #15 on the Standard Department Contract.
22.	Question:	IF SOMEONE NEEDS 8 HOURS OF SERVICE FOR SEVERAL CONSECUTIVE DAYS, DO WE HAVE TO CALL THE PROGRAM MANAGER FOR APPROVAL?
	Answer:	Each client is only allotted 260 hours of respite service per year. This is to be spread over 52 weeks, so if someone will be using 8 hours for several consecutive days the program manager should be notified. Pre-approval of that time would be appreciated but in using your best judgment at least an explanation of the extraordinary use of the respite hours would be in order.
23.	Question:	WHO IS CURRENT PROVIDER OF THESE SERVICES?
	Answer:	Absolute Home Health, Addus Healthcare Inc., Beebe Medical Center Gull House, CHEER, Christiana Care Visiting Nurses Association Evergreen Centers I & II, Home Health Care by TLC and the Modern Maturity Center Day Break

24.	Question:	PLEASE PROVIDE CURRENT BUDGET AND CURRENT NUMBER OF UNDUPLICATED CLIENTS SERVED FOR EACH SERVICE DESCRIPTION AS PER FREEDOM OF INFORMATION ACT GUIDELINES.
	Answer:	The budget for respite services in FY2008 was \$414,972. C.A.R.E. Delaware is required to report the number of unduplicated caregivers served and not the total number of clients served when submitting information to the Administration on Aging, that number for FY2007 was 192. Currently, as of May 2008, we have 65 unduplicated clients receiving Adult Day Services, 2 clients who have received respite in an Assisted Living Facility, 1 client who has received respite in a Nursing Home, and 108 unduplicated clients who have received In-Home respite services. The projected budget for Respite services for FY2009 is \$787,717.
25.	Question:	WHAT IS THE CURRENT NUMBER OF CASES PER RN/LPN?
	Answer:	This number varies from agency to agency depending on the number of cases that the contractor feels an RN/LPN can competently handle. Client assessments and reassessments by a Registered Nurse are required every six months. In the case of ADC's, the guidelines are set by the licensing regulations.
26.	Question:	WHAT IS THE CURRENT RATE FOR EACH TYPE OF RESPITE CARE SERVICE IN NEW CASTLE COUNTY?
	Answer:	The rates for in-home respite range from \$20.50 to \$30.97 per hour, with the higher amount representing Saturday in-home respite care for Alzheimer's clients. The rates for Adult Day Care range from \$57.22 to \$98.68 per day, with the higher amount representing Alzheimer's Adult Day Care. We only have one contractor who currently provides Nursing Home respite at \$312 per day and Assisted Living respite at \$268 per day.
27.	Question:	PLEASE PROVIDE AN EXAMPLE OF A CLIENT FILE.
	Answer:	DSAAPD/C.A.R.E. Delaware does not keep copies of client files so therefore we cannot provide a sample. Client files must contain the information outlined in the Service Specifications along with anything required by licensing regulations.
28.	Question:	PLEASE PROVIDE AN EXAMPLE OF SITUATION WHERE RESPITE WOULD BE NEEDED IN AN INSTITUTIONAL SETTING.
	Answer:	If a client is not able to safely stay at home unattended and the caregiver has a sudden emergency or even a scheduled hospital stay and is not able to care for the client and there is no family, friends or neighbors able to provide care.
29.	Question:	IN NEW CASTLE COUNTY, WHAT IS THE CURRENT ACTUAL COLLECTION AMOUNT OF PROJECT INCOME TOTAL AND PER SERVICE PER CONSUMER?
	Answer:	The donation amounts vary by vendor. Last year for our FY2007 year-end report we showed that a total of \$23,845 was collected in donations for respite services throughout the State, we do not report by County. We will provide the vendor with a suggested donation scale. Each individual's donation amount is kept confidential.

30.	Question:	DOES THE DIVISION REQUIRE ANY ANNUAL TRAINING FOR EMPLOYEES PROVIDING THESE SERVICES?
	Answer:	It is the responsibility of the contractor to make sure that their employees are properly trained to perform their jobs proficiently. Staff with professional licenses such as a CNA, LPN or RN must sustain training as necessary to maintain their credentials. On rare occasion contractors will be required to attend trainings mandated by the Division regarding policy, invoicing or contract management changes.
31.	Question:	SECTION 5.2 – IS THERE A STANDARDIZED FORM USED TO DETERMINE ELIGIBILITY?
	Answer:	No. The Title III E Respite Service Specifications spell out the eligibility criteria, but each vendor will create their own form as necessary.
32.	Question:	IS THERE CURRENTLY A WAITING LIST FOR THESE SERVICES IN NEW CASTLE COUNTY? IF SO, FOR HOW LONG?
	Answer:	Yes. The time and length of each vendor's waiting list will vary throughout the contract year. In most cases a client is only on a waiting list for a few weeks. Waiting list information may be requested by the C.A.R.E. Delaware Administrator at any time. Policy X-K of the DSAAPD Policy Manual for Contracts explains the Divisions' requirement for client waiting lists.
33.	Question:	DOES C.A.R.E. DELAWARE ASSIGN A CARE MANAGER TO THE FAMILY?
	Answer:	No.
34.	Question:	WHAT DO YOU EXPECT THE AVERAGE NUMBER OF RESPITE CARE HOURS PER CONSUMER TO BE?
	Answer:	C.A.R.E. Delaware only allows 260 hours of respite per year per client. These hours are to be spread evenly throughout the year with any exceptions to be approved by the C.A.R.E. Delaware Administrator.
35.	Question:	WHAT ARE YOUR EXPECTATIONS OR REQUIREMENTS FOR THE BILLING PROCEDURE TO BE USED IN THIS SERVICE?
	Answer:	Please refer to Policy X-Q "Invoicing", in the DSAAPD Policy Manual for Contracts.
36.	Question:	WHAT ARE YOUR EXPECTATIONS REGARDING THE TOTAL NUMBER OF DAYS PER WEEK AND HOURS PER DAY THAT SERVICES ARE PROVIDED? WHAT ARE CURRENT DAYS PER WEEK AND HOURS PER DAY OF OPERATION FOR THIS SERVICE?
	Answer:	Refer to the answer to question #34. The respite hours are being provided to give the caregiver a break. If the caregiver would be better served by having 10 hours of respite every other week, rather than 5 hours per week, than that is what the provider should determine during their initial assessment.
37.	Question:	HOW MUCH TIME DO YOU ESTIMATE THAT IT WILL TAKE TO COMPLETE ALL REPORTS NECESSARY FOR THIS SERVICE EACH MONTH, QUARTER AND ANNUALLY?
	Answer:	The amount of time necessary to complete reporting requirements will vary from vendor to vendor depending on accounting systems used, number of staff dedicated to reporting, experience and other factors.

38.	Question:	WILL THERE BE A DECREASE IN FUNDING FOR THIS SERVICE FROM FY08 LEVELS?
	Answer:	No. Please refer to the answer to question #24.
39.	Question:	WHAT IS THE TOTAL DOLLAR AMOUNT AVAILABLE FOR THIS SERVICE?
	Answer:	FY2009 Respite budget is \$787,717.
40.	Question:	IS THERE A PROTEST PROCESS/PERIOD? – IN SECTION 3.11 THE RFP REFERENCES A “DEBRIEFING” BUT NOT A FORMAL PROTEST PROCESS.
	Answer:	No, the State of Delaware has no protest process, as stated at the pre-bid meeting by the Procurement Administrator.
41.	Question:	UNDER SECTION 5.2.1 CORPORATE QUALIFICATIONS (30 POINTS) DESCRIBE THE ORGANIZATION’S EXPERTISE IN AREA OF THE PROPOSED PROJECT, AND EXPERIENCE IN OPERATING ANY SIMILAR PROJECTS. A SUMMARY OF SIMILAR CURRENT AND COMPLETED PROJECTS SHOULD BE INCLUDED. ALSO SUPPLY THREE (3) REFERENCES OF PEOPLE WHO WILL RECEIVE NO FINANCIAL GAIN OR ARE NOT MEMBERS OF THE BOARD. – CAN THE DEPARTMENT SPECIFY WHAT THEY WANT FOR REFERENCES? ARE THESE FINANCIAL, BUSINESS ETC... DO THEY WANT TO KNOW OTHER AGENCIES WE CONTRACT WITH?
	Answer:	References are to be professional/business references from other agencies or persons you have performed similar work for under contract.
42.	Question:	UNDER SECTION 6.1 TECHNICAL REVIEW: A TECHNICAL REVIEW COMMITTEE WILL EVALUATE EACH PROPOSAL THAT HAS MET THE MANDATORY REQUIREMENTS. COMMITTEES MAY CONSIST OF STAFF FROM THE DIVISION AND DEPARTMENT AND/OR MEMBERS OF THE COMMUNITY. AN ORAL PRESENTATION BY THE BIDDER MAY BE REQUESTED. – WHO SPECIFICALLY IS ON THE TECHNICAL REVIEW COMMITTEE?
	Answer:	In addition to the C.A.R.E. Delaware Administrator and the Planning Supervisor there will be four others on the committee from the Division of Services for Aging and Adults with Physical Disabilities.
43.	Question:	UNDER SECTION 3.1.1.1.1 OF THE RFP INDICATES THAT A CLIENT CANNOT RECEIVE MORE THAN 260 HOURS PER YEAR OF SERVICE WITHOUT THE DEPARTMENT’S APPROVAL. WHO TRACKS AND OR MANAGES THESE HOURS? IS IT INCUMBENT ON THE PROVIDER TO ENSURE THAT THEY DO NOT “GO OVER”?
	Answer:	The contractor is responsible for tracking individual client hours.
44.	Question:	IN THE RFP THE CONTRACTOR AGREES TO SUBMIT QUARTERLY (OR MONTHLY) FINANCIAL REPORTS, PROGRAM PERFORMANCE REPORTS, AND OTHER REPORTS AS REQUIRED BY THE DIVISION ON THE DUE DATES AS SPECIFIED IN THE DSAAPD <i>POLICY MANUAL FOR CONTRACTS</i> POLICIES Q AND S. PAYMENTS FOR THE FOLLOWING MONTHS MAY BE WITHHELD IF THE CONTRACTOR FAILS TO COMPLY WITH THESE REQUIREMENTS. – IS THE CURRENT CONTRACTOR ALREADY PROVIDING THESE REPORTS, OR IS THIS/ WOULD THIS BE SOMETHING NEW?... IF IT IS NEW, DOES THE DEPARTMENT HAVE A SPECIFIC FORMAT THEY ARE LOOKING FOR? ARE THESE REPORTS QUARTERLY OR MONTHLY?
	Answer:	As of May 2008 there are no plans to add additional reports for the FY2009 contract

		year, however reporting requirements are always subject to change.
45.	Question:	SECTION 5.1.3 - IS A SELF CERTIFICATION TRACKING FORM REQUIRED AS AN INCLUSION (AS LISTED ON THE TABLE OF CONTENTS FORM) IF YOU ARE NOT REQUESTING CONSIDERATION AS MINORITY OR WOMEN BUSINESS ENTERPRISE? IF YES, MUST IT BE FILLED OUT OR MAY IT SIMPLY BE MARKED NA? IF YES, MUST IT STILL BE NOTARIZED?
	Answer:	Only if your firm wishes to be considered a Minority Business Enterprise or a Women Business Enterprise do you need to fill out the Office of Minority and Women Business Enterprise Self-Certification Tracking form.
46.	Question:	WE UNDERSTAND THAT THERE WILL BE TWO DIFFERENT FUNDING SOURCES. FUNDS WILL BE RECEIVED FROM THE OAA AND FROM THE STATE. CAN YOU GIVE A BREAKDOWN IN PERCENTAGES OF HOW MUCH FUNDING WILL COME FROM EACH SOURCE? A) WHAT FUNDS OR % OF FUNDS WILL BE RECEIVED FROM OAA? B) WHAT FUNDS OR % OF FUNDS WILL BE RECEIVED FROM THE STATE GENERAL FUND?
	Answer:	\$677,717 of the amount budgeted for FY2009 respite is funding from the National Family Caregiver support Program through the Older Americans Act, and \$110,000 is from the State of Delaware's general fund.
47.	Question:	IF FUNDS ARE RECEIVED FROM THE OAA, IS THERE A REQUIRED IN-KIND MATCH? IF YES, HOW MUCH?
	Answer:	The required match is 10% of the contract total. So for example, a \$100,000 contract would have a \$10,000 match.
48.	Question:	ARE PROJECT INCOME OR CLIENT CASH DONATIONS REQUIRED/ EXPECTED? IS THIS FUNDING DEDUCTED FROM TOTAL FUNDING TO ARRIVE AT THE AMOUNT TO BE FUNDED BY THE OAA?
	Answer:	Yes, project income/client cash donations are required / expected. Refer to X-H-1 "Program Income" and X-H-2 "Client Contributions" of the DSAAPD Policy Manual for Contracts.
49.	Question:	IS MILEAGE A PASS THROUGH REIMBURSEMENT COST? CAN YOU PROVIDE THE AVERAGE NUMBER OF MILES PER UNDUPLICATED CLIENT SERVED OR PER FTE?
	Answer:	No. Mileage should be calculated into the unit cost keeping in mind that the mileage reimbursement rate cannot exceed .40¢ per mile.
50.	Question:	ON THE BUDGET COMPARISON WORKSHEET, WILL THE STATE PROVIDE THE COMPARISON NUMBERS FOR LAST YEAR OR SHOULD THIS BE LEFT BLANK?
	Answer:	It should be left blank.
51.	Question:	SINCE THERE IS A DIRECT CORRELATION BETWEEN THE BUDGET, THE HOURS, THE NUMBER OF CLIENTS SERVED AND CONSEQUENTLY THE AMOUNT OF STAFF TIME ALLOCATED FOR THIS LEVEL OF SERVICE, CAN YOU SUGGEST A METHOD FOR COMING UP WITH REASONABLE BUDGET PARAMETERS IN THE ABSENCE OF PROGRAM INCOME BENCHMARKS?
	Answer:	Calculate your unit cost & then try to determine a reasonable program income target, keeping in mind that this amount can be amended if the target is way off the mark

		and that in successive contract years adjustments will be made based on past history.
52.	Question:	CAN YOU DEFINE THE ACCEPTABLE LEVEL OF RISK FOR THE PROVIDER'S CAREGIVER? DO WE HAVE THE RIGHT TO REFUSE SERVICE IF THE PROGRAM PARTICIPANT IS JUDGED TO POSE A RISK TO THE PROVIDER?
	Answer:	Since every situation will vary, it would be impossible to write a definition of an acceptable level of risk. Each contractor has the right to refuse service to a client if they feel that their staff would be put at risk. When these cases arise the vendor should consult with the C.A.R.E. Delaware Administrator to make sure that the Division of Services for Aging and Adults with Physical Disabilities is aware of the circumstances so a SSW/CM can assist the caregiver with nursing home or assisted living placement or other alternatives for care.
53.	Question:	HOW MUCH LEAD TIME IS ALLOTTED FOR RESPONDING TO EMERGENCY CARE? WOULD IT BE NECESSARY TO HAVE STAFF ON-CALL 24/7 TO RESPOND TO EMERGENCIES?
	Answer:	If an agency is going to bid on the "In-Home Respite Urgent Need 24 hour care" they are not required to have staff available 24/7, however the Work Plan portion of the proposal should include the amount of time it will take your agency to respond to an emergency request and how your agency will accomplish that task. For example, you could state that someone from your agency would respond to the family within 2 hours and a respite worker would be placed in the home within 12 hours of the request. This would be accomplished by your answering service or voicemail stating a cell phone number or beeper number that would put the family directly in touch with a live person who would then arrange for the emergency respite care. If you are not able to have someone available by cell phone or beeper and can only take requests for emergency care during business hours then that must be spelled out in your Work Plan.
54.	Question:	WHAT ARE THE EXPECTATIONS FOR "IN-HOME RESPITE URGENT NEED 24 HOUR CARE"?
	Answer:	<p>Since this is a new type of respite service designed to help the few caregivers per year who experience a true medical or other emergency the guidelines we have developed may evolve over time.</p> <ul style="list-style-type: none"> From the Service Specifications: <ul style="list-style-type: none"> 3.1.1 In-Home Respite Urgent Need 24 hour care <ul style="list-style-type: none"> 3.1.1.1 A daily rate (24 hours) for one-time emergency or short-term needs. A provider agency would provide around-the-clock care in the home for up to 72 continuous hours if justified and approved by the Division Contract Manager (limited to one occurrence per year per client). <ul style="list-style-type: none"> 3.1.1.1.1 Each day of in-home urgent need respite care counts as 24 hours of service toward the maximum of 260 hours per client per contract year. <p>This type of respite requires approval by the Division Contract Manager, however, if the Contract Manager is unavailable a voice message or email should be sent to notify DSAAPD of the use of this type of respite. The vendor is to use their best judgment when determining the need for Urgent care in the absence of a Contract Managers' verbal approval.</p>

55.	Question:	WHAT IF SOMEONE USES 36 HOURS OF URGENT NEED 24 HOUR CARE, IS THE 12 HOURS BILLED AT THE VENDORS HOURLY RESPITE RATE OR ½ OF THE 24 HOUR RATE?
	Answer:	The vendor would be paid ½ of the In-Home Respite Urgent Need 24 hour care rate.
56.	Question:	IF SOMEONE IS NO LONGER ELIGIBLE FOR ADULT DAY CARE CAN THEY BE SWITCHED TO IN-HOME RESPITE SERVICES?
	Answer:	Yes. ADC respite is available to clients two days per week up to 104 days a year. If a client is in ADC for 6 months then is no longer eligible, they can use 130 hours of In-Home respite over the remaining six months of the contract year. If they were in ADC for 3 months they could use 195 hours In-Home respite for the remaining nine months of the contract year, etc.
57.	Question:	WHAT IF A CLIENT IS INADVERTANTLY GIVEN MORE THAN THE 260 HOURS OF RESPITE IN A CONTRACT YEAR?
	Answer:	On rare occasion this may occur. Generally the contractor is contacted by the Contract Manager and made aware of the error but is paid for the overage of service hours. However, if this type of error is habitual and the contractor has been previously warned DSAAPD could refuse to pay for services rendered over the approved 260 hours.
58.	Question:	THE LISTING OF RESPITE PROVIDERS SHOWS UP ALPHABETICALLY ON YOUR WEBSITE AND BROCHURES, CAN THE ORDER OF THE LIST BE "MIXED UP" OCCASIONALLY SINCE THE TENDENCY WOULD BE FOR CLIENTS TO START AT THE TOP AND GO DOWN THE LIST?
	Answer:	This issue was never brought up in the past, however we would be happy to mix up the order of the contractors as listed on our website at least once a year, but our printed brochures will remain in alphabetical order by company name.
59.	Question:	IF A CLIENT USES UP THEIR ALLOTTED 260 HOURS OF TITLE III E RESPITE ARE THEY ELIGIBLE FOR ANOTHER TYPE OF RESPITE.
	Answer:	No. The idea of limiting the number of hours per client is to give the most number of family caregivers in Delaware a much needed break, not to provide all-day, every day care. In cases of special need the contractor can appeal to the Administrator of the respite program to see if additional hours could be approved.
60.	Question:	CAN YOU GIVE A BREAKDOWN OF THE RESPITE DOLLARS, SUCH AS HOW MUCH WILL BE SPENT ON ADULT DAY CARE VS. IN-HOME RESPITE?
	Answer:	For FY2008 we encumbered \$174,202 for Adult Day Care and \$240,770 for In-Home respite. The amount of the FY2009 contracts will not be determined until the selection committee has a chance to look at all of the bids. Our intent is to provide respite opportunities in all three counties that will allow the most choice for all of Delaware's family caregivers.
61.	Question:	DOES THE CD (ELECTRONIC COPY) OF THE PROPOSAL CONTAIN ONLY THE BUDGET PAGES?
	Answer:	Attachment C "forms" are to be filled out manually (refer to page 62 of RFP PSCO 820 for this list of forms). The rest of the proposal should be in either WORD or EXCEL format.

62.	Question:	ARE DONATIONS COUNTED TOWARDS THE 10% MATCH REQUIREMENT?
	Answer:	No. Refer to Policy X-G-1 and X-G-2 in the DSAAPD Policy Manual for Contracts for an explanation on Local Matching Share and In-Kind Resources as Match.
63.	Question:	HOW IS PROGRAM INCOME DETERMINED?
	Answer:	Refer to Policy X-H-1 in the DSAAPD Policy Manual for Contracts for an explanation of Program Income.
64.	Question:	WHEN A POTENTIAL CLIENT IS HANDED THE LISTING OF RESPITE PROVIDERS ARE THEY TOLD UP FRONT THAT THERE IS AN EXPECTATION THAT THEY WILL SUBMIT A DONATION?
	Answer:	It is not possible for us to know where the potential client may pick up a brochure with our respite information and therefore they may not be well informed about the donation process. It is recommended that the nurse doing the initial assessment be the one to inform the client of the donation expectation since the caregiver will most likely also be present for that visit. DSAAPD will continue to strive to do a better job of creating awareness to the public regarding the importance of donations to expand the services we can provide.
65.	Question:	IS THE PROVIDER THE ONE WHO DETERMINES A CLIENTS DONATION AMOUNT?
	Answer:	The provider can recommend a donation amount, but under no circumstances can a provider refuse service if the client does not donate. Refer to Policy X-H-2 “Client Contributions” in the DSAAPD Policy Manual for Contracts.